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APPLICANTS
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** CONTINUING DATA ***** *none* *****

** FOREIGN APPLICATIONS ***** *none* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Allowance <i>M</i> Examiner's Signature Initials				

ADDRESS
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TITLE
 Deformable infant head support

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